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ORAL HISTORY WITH RADM (ret.) RICHARD RIDENOUR, MC, USN

CONDUCTED BY
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The date is March 9, 2016 and today we have the great privilege of speaking with Rear Admiral Richard Ridenour. This session is being conducted as part of the BUMED Oral History Project.

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Q: Admiral, thank you again for your time today. We really appreciate it.

Oral histories are, first and foremost narratives, and all narratives must have a beginning, and I would like to start off with your beginnings. Where were you born?

A: I was an only child and my dad and mom were from farm families in western Maryland; both were high school graduates. They moved to Baltimore and I was born there.

Growing up I was a big Baltimore Colts fan. I actually worked two Colts spring trainings with Johnny Unitas,[1] Jim Mutscheller,[2] Alan Ameche[3] and Ray Berry.[4] I got to meet them as a kid because I did clean up at their spring training camp a couple of times pre-season, and that was a lot of fun.

[1] Johnny Unitas (1933-2002), legendary Baltimore Colts quarterback known as "The Golden Arm."
[2] Jim Mutscheller (1930-2015), National Football League tight end who played for Baltimore Colts from 1954 to 1961.
[3] Alan Ameche (1933-1988), Baltimore Colts fullback known by the nicknamed the "Iron Horse."
[4] Ray Berry (1933-), Baltimore Colts Hall of Fame wide receiver

When I was 13 we moved to Orlando. My dad had gone to work for the Glenn L. Martin Company, later Martin Marietta.[5] Neither my mom nor I wanted to move from Baltimore. I can remember it was snowing one February when the company sent a plane down with us on it. When we landed in Florida the temperature was about 80 degrees. The sun was shining and the smell of orange blossoms was everywhere in the air. We looked at each other and said, "Maybe it won't be so bad here." In those days—pre-Disney[6]—Orlando was mostly orange groves and had a population of 50,000 people. Orlando was very quiet and sedate in those days, only had a couple of restaurants. And except for two or three major roads, all the roads were individual bricks set in sand. It was lovely and we really grew to love Orlando.

For a while in junior high school and high school, I was the "new kid on the block." It was tough as a new kid, but I did well in school and my parents were terrific. When it came time to graduate and go to college I decided on the University of Miami.[7] I had been accepted to Duke, but I wasn't comfortable going there; it just wasn't me. On a lark, I found out that the University of Miami, which was a relatively new school, also had a fairly new medical school.[8] When I went down to visit I fell in love with the campus. Going there really changed my life. I've always been sort of a person who marches to a "different drummer." At school, everybody who wanted to be pre-MED and go into medicine went to Duke, Wake Forest, or Emory. My counselors were very upset with me when I was accepted to Duke and I didn't want to go. In those days, the University of Miami was "Sun Tan U"; it was shorts, t-shirts, and gorgeous girls. The classes were great; my professors were wonderful and I got to know the president of the university, Dr. [Henry King] Stanford[9] over time very well, and it allowed me to be myself and march off in different directions. I joined a very small fraternity, ATO,[10] and we grew into a pretty formidable force on campus. When I joined it was only about nine brothers, and they were mostly Cuban. Most were from exile families or families that had emigrated from Cuba during the early days of Castro.[11] I was probably the only real serious student, or one of the few amongst them, and they adopted me. One thing led to another and I ended up, for a bunch of reasons, becoming the president of the Inter-Fraternity Council and got involved in school politics. And then they were nice enough to

[5] Martin Marietta Corporation was an American company founded in 1961 through the merger of the Glenn L. Martin Company and the American Marietta Corporation. The combined company became a leader in chemicals, aerospace, and electronics. In 1995, Martin Marietta merged with the Lockheed Corporation to form Lockeed Martin. (source: https://en.wikipedia.org/wiki/Martin_Marietta).

[6] Walt Disney announced plans to move to Orlando, FL in 1963; its Disney Resort (Disney World) opened in 1971.

[7] The University of Miami was chartered in 1925 at the start of the South Florida boom. It medical school was founded in 1952. It is the oldest medical school in the state of Florida.

[8] RADM Ridenour attended the University of Miami, graduating with a BA in 1966 and an MD in 1972.

[9] Henry King Stanford (1916-2009), third President of the University of Miami (1962-1981). Later when serving as the Director of Psychiatry Residency Training at Naval Hospital Portsmouth, Admiral Ridenour brought Dr. Stanford to the hospital to give a lecture on the current generation of college students.

[10] Alpha Tau Omega is a social fraternity that was originally established in 1865 at the Virginia Military Institute.

[11] Following the Cuban Revolution of 1959, many professional (doctors, educators, politicians) families in Cuba fled to the United States as "political refugees." The majority of the over one million emigrants settled in the Miami area; others settled in communities in New York, Tampa, Jacksonville (FL), and Kentucky.

let me into med school. My grades were good, but they weren't fabulous. I think I had too much fun, but my leadership's skills were evident.

The biggest thing about your life is who your parents are, and you don't really have anything to say about that. You can make other decisions about who you marry and what profession you choose and where you go to school, which is where a lot of people will meet their spouses, and that's where I met Leslie[12]; although, it was when I was at med school, and it was just the right atmosphere for me.

Just before the start of med school I had an automobile accident where a young lady apparently chose to commit suicide by hiding behind some bushes and jumping in front of my car. It took place on the highway in front of the college. She left her books and a note behind, and then she stepped out from behind the bushes as I came along. Even though I was driving rather slowly, I hit her and she ended up dying. As you can imagine it was traumatic. My first year of med school was a blur. I mean, I was depressed, I felt guilty; some days I went to class and I don't really remember being there. I took tests-I aced the first page and then I left the second page blank and left. It was really weird. I ended up going to see one of their psychiatric residents and finally found out how mad I was, and dealt with that. I was fine after that.

The school was extremely supportive and let me repeat my freshman year and I served as a graduate assistant in the labs and ended up graduating in five years instead of four years from Miami. In med school I was chosen as the vice-president of the freshman class. As an undergraduate at Miami, I had been chosen for the Honor Society there, which is called "Iron Arrow"[13] and based on the Seminole Indian tradition. That was the highest honor you can have down there. Therefore, the first two years of med school were a trial for me but after that I did very well. They gave me a chance; they had faith in me. At med school there was also a Navy ROTC unit that was run by a pediatrician who was very well known in the community. This was the time of Vietnam and in those days, all the doctors were getting drafted—usually after internship—or you could be a Berry Planner,[14] or something like that. I had to repeat my first year and my grade point average was never terrific. I knew I wasn't going to place high for highly known national matching internships and residencies so I decided on trying the Navy out. In those days, they had the Ensign 1915 Program[15] whereby they would end up paying for your senior year and then you'd be obligated for a little more. So, I signed up for the 1915 Program but without any money, without any benefits, and went to some meetings with the idea

[12] Leslie Neskow. RADM Ridenour married Ms. Leslie Neskow in 1972.

[13] The Iron Arrow Iron Society was established at the University of Miami in 1926. It is the highest honor students that the university can bestow on students. Requirements for membership include traits of scholarship, leadership, character, humility and a love of alma mater.

[14] Armed Forces Physicians Appointment and Residency Consideration Program (or Berry Plan). Conceived in 1954 by Assistant Secretary of Defense for Health Affairs Frank B. Berry (1892-1976), the Berry Plan allowed for physicians to be deferred from military service while pursuing training in medical specialties that they would use in their two-year military commitment. The adoption of the all-volunteer military force in 1973 marked the end of the Berry Plan.

[15] Ensign 1915 Program was a program conceived to provide the Navy and Navy Reserves qualified medical personnel. The code "1915" is a designation of the officer as a reserve medical officer attending a civilian medical school.

that I would then apply for Navy internship and residency. In those days, internships were separate. First you had to apply for the internship but then reapply for the residency. I'd done some checking and I knew that the Navy internships and residencies were among the finest in the world. Because this was the time of Vietnam there were a number of openings and I had a really good chance to get a good internship. So, I applied for the Navy internship; I went to some interviews, and I got accepted at the old Naval Hospital at Chelsea.[16] I went there as a straight medical intern (10 months of Internal Medicine and two months of electron microscopy). I didn't go to boot camp or Officer Training School, it was just right in the internship and I didn't have a uniform.

The day I got there I checked into the hospital and I met my Chief of Medicine, his name was Jim Young.[17] There was one picture in his office that I took notice of guys standing in front of a garage with a big limo; it turns out that Jim Young, my Chief of Medicine, had been the White House physician.

Q: This was James Morningstar Young, the former Kennedy White House physician?

A: Yes. After his time in White House the Navy sent him to teach at Chelsea. His first wife had died and he had remarried. He had like nine or ten kids, a lot of kids; his second wife, who was young and attractive, and very nice was a speech therapist. Jim and I became very close and I think it's safe to say he was very fond of me. My Leslie was also a speech therapist.

As an aside, when I got to Chelsea I went to the uniform shop and I bought my uniforms. I came back and Jim had us all line up for inspection in his office and he gets to me. He looks at me and everybody starts looking at him and then they're looking at me, and I'm looking at myself going, I look pretty good, I mean, the uniform fits great. Well, to make a long story short, all of the insignia that I had bought were Public Health Service, which are, as you know, very similar to the Navy, and in those days they were really similar. I had to go back that afternoon and trade in all the insignia to Navy insignia. It was a learning experience!

Leslie and I decided to get married during that year, and after we got married and came back I wanted to spend some time with her. The only rotation that didn't have night call was psychiatry, and I only had two months left. I did GI one month and then I did psychiatry the other month. I fell in love with it. I'd already been accepted to continue on in my medicine residency and I just wasn't happy. I came in to tell Jim that the residency wasn't bad, but it wasn't me. It was kind of like Duke versus Miami. It was okay, but it wasn't me. After I told him, he almost never spoke to me again for the rest of the year. He was very mad, but he came around. I mean, he wasn't bad to me, he didn't mistreat me.

Q: Did he impart any advice to you as a young physician?

[16] Naval Hospital Chelsea, MA, 1836-1974. RADM Ridenour served as a Medical Intern at Chelsea from 1972 to 1973.

[17] CAPT (ret.) James Morningstar Young, MC, USN (1928-2008) was a Navy physician who prior to his position as Chief of Medicine at Naval Hospital Chelsea served as a White House physician in the Kennedy and Johnson administrations.

A: He was very much like Jim Sears,[18] come to think of it, who I met later and I'll tell you the circumstances of that. But Jim was humble but proud. He was demanding. He was very pro-Navy, it was his life. His life was the Navy and it was his family. His profession was very important, but he insisted on honesty and straight-forwardness, and I think that's why I went to tell him as soon as I'd made a decision. I didn't want to beat around the bush.

I'll tell you another thing that helped with the decision. Looking back on it I couldn't have done anything else. I thought about it in med school, and then my experience with the psychotherapy for a few months while I was in med school because of the accident and everything, it just sort of set it all up. But, as I said to my mother when I decided to become a psychiatrist, I went to med school to become a doctor and that a psychiatrist is also an M.D. It was okay with her at that point.

Q: Would you say there was a stigma about being a psychiatrist in the Navy at that time?

A: Everywhere. We were told that we weren't "real doctors." There was a rumor in Chelsea that the reason there was no night call for psychiatrists in-house was because the psychiatry in-patient unit had burned down, and the rumor was that all the Berry Plan psychiatrists had burned it down. It wasn't true, but in those days we had very few regular Navy folks. We had a lot of Berry Planners there, particularly at Chelsea. We had a wonderful urologist who became very famous but whose name I can't remember now; he refused to wear a uniform, so the CO confined him to a hospital even though he was married and had a family. He went around in his purple scrubs. I remember it like it was yesterday. He lived there and that was the year that he had left as a Berry Planner and he was very anti-war.

The other thing that helped me—and I talked about this at my retirement—I had a patient named George Lewis who was one of the first patients that I had at Chelsea. He was an 18-year old dependent son of a Marine, and he had leukemia; I think it was acute lymphocytic leukemia, but they had kept him alive at Chelsea for a year. I think he'd been diagnosed when he was 14 or 15, and he had every treatment in those days that they knew, and I remember taking care of him towards the end. One day I went in to sit with him because basically all you could do was talk to him and make him comfortable by that point, and he looked at me and he said, "You know, Dr. Ridenour, you're different than these other guys."

I said, "What do you mean?"

He said, "You're not happy doing what you're doing totally. All these other guys, they're doing liver biopsies, they're doing all this stuff and they're really having a lot of fun. I've watched you in the ward, and the thing that lights you up is when you're sitting down talking to the patients." And he says, "You ought to think about something else."

[18] RADM H. James Sears, MC, USN is a retired Navy psychiatrist who served from 1964 to 1989. Upon his retirement from the Navy, Sears served as the Executive Director of Tri-Care Management Activity (1998-2001).

That made me think. Psychiatry is all about talking to people and listening. So it was very helpful, and I'll never forget George, somewhere he's up there and he made a big impression on me and I hope I helped him a little bit because he sure helped me.

Anyway, Chelsea was an interesting place. That's where I started getting a little thoughtful about the Navy because we began to see the returning Vietnam prisoners just before I left. I'll never forget Admiral (Donald) Custis[19] coming up to talk to us. Chelsea closed the year I left, in fact, they had a big goodbye party with lobsters and steaks because they had to get rid of things and they had to use all the MWR funds up. And then I went to Philly after that and then they closed Philly.[20]

When I was the deputy SG I went to visit the old hospital at Newport, I think when Fred Sanford[21] was still the CO there. I remember walking through the hospital feeling like, I've been here before. But I'd never been there before, but it had the same exact floor plan as Chelsea, and that's why I felt that way.

So anyway, I'm at Chelsea and I'm thinking I want to go into psychiatry. Filling psychiatric residents with "sane" people has always been difficult. There's an old saying that social workers want to save the world; psychologists are voyeurs, and psychiatrists are afraid of their own craziness, and there's some truth to that. Anyway, I heard about openings at Bethesda and at Philadelphia, and I, for some reason, being the historical buff that I am, thought Philly would be cool. By this time, Leslie and I were married. And so I went to Philly to interview for a spot, and Jim Young wrote me a very nice recommendation; it would have been even better if he wasn't mad at me, but he wasn't going to stand in my way.

I interviewed in Philadelphia with a guy named Bob Strange.[22]

Q: Captain Strange is a legend.

A: Wonderful guy. He went on to become one of the head detailers, I think, before he left. A lot of people thought he should have made flag. I interview with him and he liked me. He said, "I can't promise it to you because we have to go through this board, but I will do everything I can." So, I went back and Leslie and I moved from Boston to Philly.

When I get there and I walk into the chief of psychiatry's office, and the guy turns around from behind the desk and I looked at him and I said, "Who are you?"

He said, "I'm Commander Jim Sears and I'm the chief of psychiatry."

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[19] VADM Donald Custis, MC, USN, Surgeon General of the Navy, 1972-1976.

[20] RADM Ridenour did Residency at Naval Hospital Philadelphia from 1973-1976.

[21] RADM Frederick Sanford, MC, USN, a retired Navy Radiologist who served in the Navy from 1967 to 2000. Sanford served as CO of Naval Hospital Newport, RI from 1986 to 1988.

[22] CAPT Robert Strange, MC, USN, retired psychiatrist who served in the Navy from 1957 to 1977.

I said, "No you aren't. What happened to Captain Strange?"

He said, "Oh, he's gone. Who are you?"

He was probably one of my first, and still main, mentors in the Navy. I guess it's safe to say that Jim and Elsa, Leslie and I, fell in love with each other and we've been special friends for a very long time.

We were there in Philly, which was an exciting place to be a psychiatric resident. Jim was the kind of boss that, if he had confidence in you, he'd let you do things. We had about three or four regular Navy psychiatrists and then about five or six Berry Plan guys, and then three residents in each year; so there were nine residents. And you know, it was the early days of anti-psychotic medication; shock therapy was still being done. At the time, Philadelphia was the cradle of family therapy and behavioral therapy and treatment for anorexia. And it was exciting and we had the best residencies in the city! I still think the Navy has the best psych residencies in the world because of the opportunities that they afford. I was getting my psychoanalytic training down at the Penn Institute downtown; I went over to Hahnemann[23] and Family Therapy Training on my own and got one of the world's premier family therapists to be my mentor, Florence Kaslow?[24] I even brought her out to San Diego later on and co-wrote a book with her.[25] It was just an exciting time.

In those days, we had 200 psychiatric beds including, I think there were 30 or 40 beds—for elderly, Alzheimer's patients, alcoholics, etc.—that later got moved to the Navy Home in Mississippi.[26]

We had multiple wards with about 200 beds, including an officer and dependent wards, but the hospital was about 1,000 beds, maybe more; it was one of the biggest military hospitals in the world at the time.[27] And every morning they would helo in a bunch of new patients for us, and we residents would do interviews with a staff member. We'd get ten minutes with each patient to figure out what our preliminary diagnosis was and get them onto one of the wards. And there's no doubt that it trained me and by the time I got ready for my psych boards and they gave you 20 minutes to do an interview which was way more time than I needed.

I should tell you, and it's no secret that at the time I was just "passing through" the Navy. I liked it, but I was not going to make it my career. I remember I had several sets of "whites" and other uniforms. In those days you could wear whites all year round. In the winter time you'd have a long coat or something, but you could wear whites year round, but you just couldn't go out to the store in them. You could drive back and forth to

[23] Hahnemann Medical College, now Drexel University.

[24] Florence Whitman Kaslow, PhD, is prolific psychologists and pioneer in the field of family therapy.

[25] *The Military Family: Dynamics and Treatment* (1984) by R.I. Ridenour and F.W. Kaslow.

[26] Original part of the Naval Asylum Complex in Philadelphia along with the Naval Hospital (1834), the Naval Home relocated to Gulfport, MS in 1976.

[27] Throughout the years of the Vietnam War, Naval Hospitals Philadelphia and Bethesda were the Navy's busiest hospitals east of the Mississippi. Through the war years, Philadelphia was designated as the Navy's East Coast amputee center (Naval Hospital Oakland was designated as the West Coast amputee center).

home and work and you could go around the hospital in whites, even in the wintertime. So, I didn't have any real formal uniforms.

Anyway, when I got to Philadelphia I was "a tad" passive aggressive about the Navy's rules and regulations; the haircut stuff didn't bother me that much, but I was just passing through. I loved it; I loved our patients; I loved the people I worked with, but I was a little lax on the polishing the shoes, and my hair was a little long. So one day, Jim Sears calls me into his office and sitting on his desk is a shoe-shine kit, and he looks at me and he says, "I think you can use this."

Q: That must have been mortifying.

A: Yes, it was a little scary, but he was right. When you're right you're right. I mean, it was very strange given what ended up happening to me. A lot of people who knew me in the early years never could believe that, and it's hard to believe, actually, sometimes myself. So that was Philly, and we left right after the bicentennial celebration in '76, which was an experience. After serving there for three years there is a lot I can say about Philadelphia. I got to know Maxine Condor[28] who later became flag and Chief of the Navy Nurse Corps. She had been at Chelsea and I got very close to her, and then when she was at Philadelphia she had her breast cancer surgery and I used to go in and spend nights with her when I had the call, and just sort of sit by her bed. She was a wonderful lady. I made a lot of good friends.

When it became time to leave Philly I had organized a bunch of stuff for the residency. I became the chief resident my senior year. I was the senior intern at Chelsea and I made up the schedules, so I did the same thing with the resident's schedule to prove that I wasn't favoring myself. I ended up with all the holidays and the worst duties. But, it came time to decide where to go next and where the Navy was going to send me, and it turns out that Sears had been selected to go to Portsmouth[29] and start a residency training program in psychiatry there. And the Navy was short staffed with psychiatrists-you'd have to ask him probably the real reason that he picked me-but I was one of the folks that he picked to go down there. Jim Staiger,[30] and Tony Reyes[31] were already there. I went there right out of residency as the assistant residency training director and started the first program at the Boone Clinic[32]; and it was a very exciting time at Portsmouth to start a new residency program, select the residents, be involved in the selecting of the residents, and spend a lot of time with Jim. And we had a lot of fun.

Q: So, what would a typical day be like in this position?

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[28] RADM Maxine Condor, NC, USN, served as director the Navy Nurse Corps from 1975 to 1979. She was the Chief of Nursing Service at the Naval Regional Medical Center Philadelphia, PA before assuming this position in July 1975.

[29] RADM Ridenour served as Staff Psychiatrist, Naval Regional Medical Center, Portsmouth, VA, 1976 to 1979. From 1977 to 1979, Ridenour served as the Intern Coordinator at Portsmouth. While serving in this role he helped relocate the psychiatric residency training program from Philadelphia).

[30] CAPT James Staiger, MC, USN

[31] CAPT Antonio F.C. Reyes, MC, USN (1934-2002)

[32] Joel Boone Clinic (Originally the Joel T. Boone Dispensary) Naval Amphibious Base, Norfolk, VA was opened in March 1972.

A: At first I was the in-patient director, so along with being the assistant residency training director, my job was to organize the lecture series, the academic program for the residents to meet the requirements, set them all up with faculty as supervisors, go out in the community with Jim and find the people that we were going to use as teachers and consultants for our program. So yes, you see some patients, you do some groups, you do administration, you supervise residents, and you deal with all the problems. And I started to see whole families in therapy.

In those days doctors from the amphibs and other ships out of Portsmouth and Norfolk and Virginia Beach came from the hospital for the most part. You would take your turn being assigned to an amphib, and you'd be assigned to them for a year. If they went out during that year you went with them and you'd be gone six months and that was the way it was. If they were in dry dock or being trained or sat on the shore, sat in port and they didn't go out, then you didn't have to go. So, being fairly newly married, I just didn't want to go. I went in to see the CO, and I said, "I'm being assigned and I really don't want to go." I tried everything I could to get out of it.

And he said, "Oh, you're going. You got to take your turn."

When it finally came time for me to go, Leslie and I started thinking, the ship usually goes to the MED, and then when the cruise is over Leslie can fly over and I can take off and we'll tour Europe for a couple of weeks. And so we started getting excited after being really nervous about being separated for the first time to the point where we were actually planning and looking forward to it.

So then, I get a call a few weeks before I'm supposed to go to go over to the COs office. He said, "We're sorry, you're going to get your wish. You're not going on the ship because we've decided to make you the intern coordinator and that's a job that we can't do without. So you're going to stay here." I actually started trying to talk him out of it and then the CO looked at me and said, "Am I hearing what I think I'm hearing? Do you remember what you said to me before and how you didn't really want to go?"

I ended up doing that and I loved the job so much so that when we moved to San Diego. Joe Cassells[33] gave me the job.

During my time in Portsmouth, I started the first psych clinic at Boone Clinic and we had corpsmen and staffing, did a lot of family therapy. I was getting known as the family therapist, which was really my love in psychiatry. And that's when we conceived of the SPRINT concept.[34] Tony Reyes, Jim Staiger, me and Leslie came up with the idea for doing it.

Q: This was in wake of the USS *Belknap*[35] accident?

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[33] RADM Joseph Cassells, MC, USN (1933-2003) served as Deputy Special Assistant to the Surgeon General for Education and Training (1975-1977) and later as Special Assistant to the Surgeon General for Professional Matters (1977-1978).

[34] Special Psychiatric Rapid Intervention Team (SPRINT) was started by Dr. Ridenour and colleagues at MC Portsmouth, VA, to help address the emotional and psychological wounds following traumatic events.

[35] In November 1975, the missile cruiser USS *Belkap* and aircraft carrier *John F. Kennedy* collided 70 miles off Sicily. Fire raged on the *Belknap* coming within 40 feet of W-45 nuclear warheads. Eight sailorswere

A: That's right, it was the *Belknap*. But Tony and Jim put most of the concept together. I mean, my major contribution was coming up along with Leslie with the acronym at the table. But it was very much a group effort, and over time, they, specifically Tony, did much more. I think I only went on one SPRINT operation.

Q: Can you talk about the vision of the SPRINT Program, and the story of how it came to be?

A: I don't know what you heard, but the sensitivity to the patients who came is correct, and the sense that there was nothing like it, and it was such a pain in the ass to put together a group of people to go do things. It was such a big deal. There was no common core to what they did; everybody had a different idea about what to do. It was like the early battlefield treatment of post-traumatic stress disorder, or battle fatigue. I mean, whoever had the ideas, whoever was there did whatever they thought they should do for years before the concepts became, sort of, melded together. The commanding officers and hierarchy wanted to be able to respond to their needs, but they didn't know what it was. And we didn't know what it was either, but we tried to figure it out. I don't know if that makes sense.

Q: No, that makes sense. Well, you stated that you came up with the acronym?

A: We all did together, and literally it was around the table just sitting there thinking about what we're doing-Special Psychiatric Rapid Intervention Tool. And Leslie, my wife, said, "Oh, Sprint." We went, "Oh yeah, that's cool. We looked at each other and thought it was perfect and then the guys took off and ran with it." So, it was one of those things. I think Tony was more or less in charge of SPRINT after that, certainly at Portsmouth anyway.

Q: And when would you say it was actually founded, or is it kind of a fluid thing?

A: Well, we were there from '76 to '79. It wasn't the first year, so it wasn't '76, '77, so I'm thinking it was '78 or '79. Do you have the date on the *Belknap*?

Q: The *Belknap* incident happened in November of '75. But, according to an article I found from the 70s, it was months after that you started receiving patients, people that witnessed the trauma of the *Belknap* accident, so I'm thinking maybe the seed was planted in '76, and then some time after that.

A: By the time anything would happen it would be at least January of '76, and we got there in '76, so maybe it was '77. I honestly don't remember. It would have had to have been, midway through the period of time because they put it into concept. It was ready so it had to be '77. My involvement with SPRINT was at the beginning. After that, I helped them deploy a few times; I was involved in reviewing some cases, but I was never on the SPRINT team. I was never in a position to do that. When the COs and XOs of ships

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killed and 46 injured. Accident was declared a "broken arrow," a Navy term for nuclear accident. Many of the survivors began to suffer marital problems, began to drink, suffered unexplained illnesses, anxiety, depression, and uncharacteristic anger. Psychiatrists only began to counsel survivors two months after the accident.

started asking for psychiatric help, you know we must be doing something right, because we were the kiss of death for a long time.

Q: You mentioned that you were kind of looked upon as the Navy's family therapist, and I guess in the 1970s this kind of came to be your subspecialty?

A: Yes, in the mid to late '70s, family therapy like group behavior became in vogue. It came about in part because of the treatment of anorexia and the need to involve family. And Philadelphia was one of the centers for this therapy, another one was Madison, Wisconsin with Carl Whittaker[36] and his group, Gus Napier[37] and the Experiential Group, Sal Minuchin[38] in Philadelphia and Hilde Bruch.[39] Each had their little special way of doing things, and then they had their own schools and disciples. And there were a lot of us who came to believe in this whole family group approach of treatment.

It was through that that I got involved with some of the well-known family therapists, especially Carl Whittaker. Carl, his wife Muriel, and I became very good friends, and I actually brought him to the residencies to teach. I still have some video tapes of doing therapy with him. I was the main instructor for family therapy, and that's the therapy that I actually continued up until and well into my time as a flag officer.

Q: I think you authored, it has to be one of the first, if not the first, books about the military family.[40]

A: Yes, I co-edited it with Florence Kaslow. Florence, I don't know how many books she's done herself, but it was the first book on the military family and I did that while we were in San Diego. It just went out of print a couple years ago, I think. But it was a labor of love. I wrote a chapter in it, maybe two, I can't remember. Florence wrote a chapter and we edited together the rest of the book and put it together. And it did very well for awhile. It was the first of its time and I'm very proud of it. It served a purpose and nobody was talking about the military family at the time.

Q: What's the difference between a healthy military family and an unhealthy military family from a psychiatrist's point of view?

A: That's a very good question. I think it's the same as a healthy family anywhere. I don't think there's a difference between a healthy military and healthy civilian family. One of the things we learned was that military families have advantages and disadvantages, like military kids, they tend to be really good in certain subjects in school and not so good in other ones. And because they move so much they're good at making friends, they're good

[36] Carl Whitaker (1912-1995), a physician and psychotherapy pioneer. While a professor of psychology at the University of Wisconsin, Whitaker helped refine the field of psychotherapy, coining the term *symbolic-experiential* family therapy.

[37] Augustus Y. Napier, psychologist who trained under Whitaker, specializing in family therapy.

[38] Salvatore Minuchin, Argentina-born family therapist. He is best known for developing structural family therapy, which addresses problems within a family by charting the relationships between family members.

[39] Hilde Bruch (1904-1984) was a German-born American psychoanalyst best known for her work with eating disorders and her 1973 book *Eating Disorders*: *Obesity, Anorexia Nervosa, and the Person Within.*

[40] Ridenour, RI and Florence Kaslow (Ed). *The Military Family: Dynamics and Treatment*. New York and London: Guilford Press. 1984.

at foreign languages; they're good at geography, and they have a little more struggle with things like English and math that take longer to build on. I think the strengths and weaknesses are learning to adapt. Healthy military families can be very flexible. They have rules and regulations that everybody understands. It was always interesting that some families can survive while they were on active duty and the deployments were actually a help because the separation relieved a lot of tension in the family and the struggles only got worse when the service member came home and was around too long. But generally a healthy family is a healthy family. The military has certain pressures, mostly to do with deployments, comings and goings, but healthy families and healthy relationships can handle that.

I think a healthy military family has the same attributes as a health civilian family-the commitment of the parents, rules and regulations, expectations, no history of abuse, dealing with problems openly, facing the honesty of the situation they're in, whether it's a doctor's family or a historian's family, or whatever. Wherever we are, we have, in our professions, certain strains. And like a policeman's family, for example, or a firefighter's family, you never know when they leave if they are coming back. Or are they going to come back the same person they were when they left?

Q: You had mentioned the stigma of psychiatry that existed in the 1970s. Did you find that this was wavering or constant through your Navy career?

A: It was constant. There was only a brief period in the late 80s and early 90s when seeing a psychiatrist was in vogue. As a matter of fact, some of my patients who in previous years would never have admitted to even knowing me, came up to me at cocktail parties. I mean, admiral's wives, and CO's wives and COs, and they'd say, "Hey, I want you to be my psychiatrist."

Q: So why the change? Why the openness at that point?

A: It was an "in thing" for a while. There were movies about it like *Prince of Tides*,[41] and there were books about it. To say that you were "in treatment" was okay. It didn't last long, but in the military there are reasons why people didn't want to see us. It was stigmatic, and if people found out about it, it could hurt your career. I sort of became one of the celebrity docs in terms of VIPs that I ended up seeing. I had several, even when I was a resident. I had a Supply Corps admiral in Philadelphia who was being indicted. He turned out to be manic-depressive, but was being indicted because he had all these things built at his house, and he was just out of control. There's no way he wanted anything to do with me in the beginning. He was forced to see me. But you deal with it. It was actually kind of funny in some ways and you could use it for some benefit and use the power that comes with it and just be careful about it, that's all.

Q: You had mentioned earlier that you ended up in San Diego after your time in Portsmouth. Was this where you first encountered Joe Cassells?

[41] *Prince of Tides* is a 1991 romantic film starring Nick Nolte and Barbara Streisand based on the 1986 novel by Pat Conroy. The film details the relationship between a suicidal woman's brother (narrator) and her psychiatrist, and relates the narrator's struggle to overcome the psychological damage inflicted by his dysfunctional childhood in South Carolina.

A: We moved to San Diego in 1979.[42] The idea was that the Oakland Hospital was going to end up closing and they wanted to move the psychiatry residency training program from Oakland to San Diego. Jim went down there, and again, he selected me and a couple of other people.

Who wouldn't want to go to San Diego? Leslie and I loved it. We'd never lived in California before, but we went and it was an exciting time. It was like Portsmouth, in that starting something like scratch is so much fun. You get to select the staff; you get to select the residents initially; you get to go out in the community and pick the consultants from the various centers. I got on the Board of Admissions to the UCSD Med School. It was new stimulating program; funding was a little better than normal-not much, but a little. I could pick the consultants not only from San Diego, but anywhere in the world that I wanted to, and like I said, we brought Carl Whittaker in for families. I brought Ed Schneideman[43] in; I don't know if you know Ed Schneidman, but Ed was considered "Mr. Suicide." He's passed away now. While I was there we had a suicide, one of the resident's patients. Do you know Mike Dinneen?

Q: No, I don't.

A: Okay, Mike is now a major healthcare policy guy at DoD.[44] He retired as a Navy psychiatrist-captain, but he was one of our first residents in San Diego. One of his patients, a suicide, had jumped off a ledge at the hospital. Jim Sears always insisted, and he's very right, in doing a psychiatric autopsy, we learn if we did something wrong and what could we have done better or just learn from the case somehow. If you have one of your own people do it it's bound to be prejudice, so we always would bring in somebody from the outside. In San Diego I called around to my friends on the East Coast and they all said that Ed Schneidman was the guy. He'd started the original suicide prevention center in L.A.[45] and so I called him and he came down and he did the autopsy and then he became one of our consultants. Ed and I became pretty good friends to the point where we started a master's in suicideology at the college I went to be president in Wisconsin years later. But that's another story.

But anyway, picking residents and fitting it in to the rest of the hospital was just a wonderful experience. And then because I had enjoyed the job of intern coordinator so much at Portsmouth, and Cassells knew about it. When the intern coordinator left he gave me that job. I did that for two years in Portsmouth, and I believe it was close to five years in San Diego.

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[42] RADM Ridenour served as the Intern Coordinator, Naval Regional Medical Center, San Diego, CA from 1980 to 1985. During this period, Ridenour remained involved in Psychiatric Residency Training at Portsmouth and Philadelphia.

[43] Ed Schneideman (1918-2009), American clinical psychologist, suicidologist and thanatologist.

[44] CAPT Michael Dinneen, MC, USN, a retired Navy psychiatrist. At the time of this session, Dineen was serving as the Director, Office of Strategy Management at Office of the Assistant Secretary of Defense for Health Affairs.

[45] In 1958, Schneideman co-founded the first suicide prevention center in the United States and work on establishing others throughout the United States.

At one point, you can imagine, 70 interns a year times two, it's 140, and five times 80 is 240, so that's 360 docs that I had that were Navy docs. I could go almost anywhere in the world and run into one of those former interns. Now, they all belonged to their own departments, but trust me, there were lots of issues that the departments didn't want to deal with that I had to deal with, like intern inspections, like setting up lectures on battlefield medicine and making sure they had all their uniforms and they didn't get in trouble and if their wives were mad at them, blah, blah, blah. But that's part of the job, "Den Father!"

So anyway, years later when I was the president at Marian College[46] and we were in Milwaukee, the Blue Angels came in. The senior flight surgeon for the Blue Angels comes over and she says, "Dr. Ridenour, you were one of my intern coordinators from San Diego." And that happened all over the place. You know you're getting old when that's the case. But it was a wonderful job and I did that for awhile. We started the residency; it was a big success. We had some really good people. I ended up teaching and going back to family therapy.

And while I was doing that I was the residency training director there under Jim. I had got my boards by the last year I was in Portsmouth. And I was selected for captain while in San Diego. And that's the time I got a bunch of job offers. We really considered leaving the Navy. But the thing that did it was my wife knew how much I loved the patients. I loved the job; I loved what I was doing. I could have tripled my salary, but it was just too much fun.

At that time, Jim Sears got selected to go to Oakland and he left and he had to pick a new chief department head for psychiatry. I really wanted the job, even though I was pretty junior. But Jim ended up picking Jim Chandler,[47] who was a good choice. I think Jim came down from Oakland, but I was hurt and mad but little did I know that the Navy had something else in store for me.

Q: Sounds rather ominous.

A: Well, Hal Koenig[48] was the CO at San Diego then and in those days the divisions were the medical side of the house, the surgical side-the surgical directorate, the medical directorate, and something called "ancillary services."[49] Ancillary was everything that didn't fit anywhere else—radiology, physical therapy, the lab, alcohol rehab, psychiatry and psychology. And this was during the early days of HIV, and nobody knew what to do

[46] Marian University, formerly Marian College of Fond du Lac, is a Roman Catholic liberal arts university in Fond du Lac, Wisconsin. It was founded in 1936 by the Congregation of Sisters of Saint Agnes, who continues to sponsor the University today.

[47] CAPT James L. Chandler, MC, USN, a retired Navy psychiatrist.

[48] VADM Harold Koenig, Surgeon General of the Navy, 1995-1998. Prior to his tenure as Surgeon General, Koenig served as the Commander of NMC San Diego, CA, 1986-1987.

[49] RADM Ridenour served as the Director for Ancillary Services at Naval Hospital San Diego, CA, 1985-1987.

with this whole subject; every day it was some new crisis-do doctors who test positive get to go into surgery? Do they get boarded out? Are they allowed to do anything? What do we do with these people? There was no treatment or guidance and there was a lot of craziness on the outside about HIV. The Navy was trying to do the right thing and not get in trouble, not get bad publicity. So I said to Hal, "Why do you want me to be the director of ancillary services?"

He said, "You will understand it after you've been there awhile, but you're the perfect guy." So I did it and I ended as a director. It was like herding cats; he needed a psychiatrist to be in charge of this group because nobody got along with anybody else; they disliked each other. They were a bunch of prima donnas but very talented! Everybody thought they were special; everybody thought they should be able to do whatever they wanted, when they wanted, and have all kinds of money. But anyway, it worked out very well. And along about that time was the CPHP craziness.

Q: What is CPHP?

A: Clinical Pathway-Health Professional Program.[50] This was a period of time in Navy Medicine when the very future of Medical Department was in question, and all of the residency training was in question. The deal was that you could, as a physician, go two routes. You could stay on the clinical pathway and stay a clinician all your career, but you wouldn't be an administrator. Then, if you were going to be an administrator, meaning a director, a CO, or an XO, you had to go the administrative route, which was called HP-Health Professional Administrative. They brought a select group of nine or ten people back to Washington to be served as a sort of think-tank. Harold Koenig came back to run HSETC,[51] which was then in charge of all the training programs.

Then there was this think-tank group of admirals and captains that were supposed to put together the concept of CPHP and work out the bugs and details and figure it all out and then present it. Meanwhile, the Surgeon General at the time[52] and his deputies were all gung-ho over this and everybody else thought it was nuts, but I was chosen to come back and be part of that group. This was really weird and crazy and I didn't really want to do it. But Joe Cassells, who was COMNAVMEDCOM,[53] insisted.

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[50] In 1986 (ALNAV 086/86), the Chief of Naval Operations and the Surgeon General established a two-track professional—Clinical Pathway-Health Professional (CPHP) career program for senior Navy Medical Department officers. The CPHP program was conceived to enhance Navy Medicine by significantly improving personnel management and by ensuring talented and experienced people are assigned to the right jobs.

[51] Health Sciences Education Training Command (HSETC)

[52] VADM Lew Seaton, MC, USN, Surgeon General of the Navy, 1983-1987

[53] COMNAVMEDCOM (Commander, Naval Medical Command). From 1 October 1982 to 30 September 1989, the Bureau of Medicine and Surgery was deactivated and replaced by the Naval Medical Command. The new head of NAVMEDCOM was a one-star flag officer who held the post of Commander, Naval Medical Command. As part of this restructuring, the Surgeon General moved from BUMED to the Pentagon and joined the OPNAV staff. The direct line of authority to the Secretary of the Navy that had existed since 1842 had been broken. The establishment of this new command structure arguably introduced many ambiguities.

A year went by and we didn't do anything. We had meetings and it was obvious that there was resistance building. I'd come home at night and Leslie would say, "What did you do?"

And I'd say, "Well, I went to lunch and I sat around and we had a meeting," and half the time the meetings were called off. I went jogging. And we were in the tower of Bethesda. I thought to myself, I got to get a job along with this. So, I went to Harold Koenig, and Harold made me the Director for Graduate Medical Education at HSETC.[54]

Q: But you were still assigned to San Diego, though, right?

A: No, this is after I came back to Washington in '87 to do the CPHP thing. And in '87, for a year, I did that, and most of that year we didn't do anything. And that was also the period of time when the whole bonus program was revised for physicians. Harold led that; he did a masterful job. That was the whole time when there was this big argument about whether the Navy should, or the military, have residency training programs or if we ought to just farm everything out.

And before that, in the '80s, there had been that government study[55] that there would be a glut of physicians, so the military would not have to train them because there'd be so many falling off the branches that we would be able to pluck them up and use them and then just pluck more out of the air. That never happened and that's the problem with government-run anything. There had been a Rand study that Congress got a hold of. So they pushed this and Harold and the SG and everybody pushed this Blue Ribbon Panel[56] to get together. They put together this proposal about how we were losing physicians and there wasn't this glut, and that's when this idea that "Training is the lifeblood of Navy Medicine," came about. We were very successful, and a lot of it was Harold's doing, but we all worked together on it. Not only did we save the residency program, but we were able to add a lot of extra slots. At the same time this Blue Ribbon Panel came up with the plans for bonuses for varying physician specialties that saved the hemorrhage of specialists out of the Navy, particularly some of our trauma surgeons, orthopods, and others. That was all done during that period of time.

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[54] From 1987 to 1988, RADM Ridenour served the Assistant for Medical Corps Programs, Naval Health Sciences Education and Training Command, Bethesda, MD, and Special Assistant for Graduate Medical Education to the Commander, Naval Medical Command, Washington, DC.

[55] Institute of Medicine Study. GME and Military Medicine, 1981

[56] In May 1988, per direction of SECNAV and the Chief of Naval Operations, the Vice Chief of Naval Operations established a Naval Medical Blue Ribbon Panel (BRP) to review the "alarming decline in Navy health care access" among other issues. The BRP would enable leadership to explore ways to improve the delivery of Navy medical care. To assist the BRP, a Flag Officer Working Group (FOWG) was established. Task Forces under the working group were tasked with developing the requisite "near term fixes" and "implementation guidance for long term solutions."

I was working for Harold Koenig as the director of Graduate Medical Education and our offices had moved down to BUMED where I was operating the GME office with a bunch of secretaries. Bethesda is a nightmare. I had always said two things about my Navy career that I was very vocal about. One: I never wanted to work in the Pentagon. Two: I never wanted to go to Bethesda because they were all prima donnas over there; they all thought they had special licenses and they were the most important part because they were in D.C. And psychiatry, I'd always, not hated Bethesda, but they always thought they were special in my viewpoint. Being at Portsmouth and San Diego we were the "real Navy psychiatrists" because we were where the fleets were. And those guys at Bethesda, they were the "Ivory Tower guys."

Bethesda was literally falling apart. They didn't have any money. And that was in days when all the hospitals were suffering and hemorrhaging of funds. There was a shortage of equipment; the specialists were upset, patient loads were dropping because it was hard to get people in because there was not enough ancillary personnel to even man the desks. The civilian positions dropped, I mean, it was a mess.

One day during this whole period and fortunately or unfortunately, depending on how you look at it, whoever's in charge gets blamed, and Dave Kemp,[57] who had been a senior resident of mine at Chelsea, was the CO at Bethesda, and he, essentially, was getting fired because he took the heat for the Billig scandal[58] and a bunch of other things. So Don Hagen was at BUMED at the time serving in Healthcare Operations.[59] Don was a good friend and I admired him, but one day Don and Jim Sears were walking along the parking lot between Building One and Building Two, the old observatory.[60] I could see them out the window and so I go out to say hello and they look at me and they start smiling and laughing, so I said, "What's so funny?"

They said, "I don't know if you've heard, but there's some changes happening at Bethesda and Don's going over to take over as the CO."

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[57] CAPT David G. Kemp, MC, USN served in the Navy from 1967 to 1993. Prior to his retirement, Kemp served briefly of Commanding Officer of Naval Hospital Bethesda, MD (May-December 1988) before becoming Executive Officer of the hospital (1988-1990). From 1990 to 1993, CAPT Kemp served as the Commanding Officer of HSETC (1990-1993).

[58] Billig Scandal. CDR Donal M. Billig, M.D., MC, USNR, a cardiac surgeon assigned to NNMC, Bethesda, on 26 February 1988 was convicted by general court martial of two counts of involuntary manslaughter, one count of negligent homicide, and 18 counts of dereliction of duty; and sentenced to four years confinement at Fort Leavenworth, KS. He was released after serving two years of his sentence when his conviction was overturned on 14 April 1988 due to insufficient evidence. Billig had joined the Navy in 1982 after being dismissed from a private medical group in Pittsburgh, PA, and before that had been forced to leave Monmouth Medical Center, Long Beach, NJ, after losing his surgical privileges. He returned to private practice in Maryland after his release and died on 9 December 2009. See "Navy Surgeon is Convicted of 3 Patient Deaths", *NY Times*, 26 February 1988; and "Military Court Frees Jailed Doctor", *LA Times*, 15 April, 1988.

[59] VADM Donald Hagen, MC, USN, Surgeon General of the Navy, 1991-1995. Prior to his tenure as the Surgeon General, Hagen served as the Commander, National Naval Medical Center, Bethesda, MD (1988-1992) and Director, Health Care Operations, Naval Medical Command (1986-1988).

[60] From 1942 to 2012, the Bureau of Medicine and Surgery (and briefly NAVMEDCOM) occupied the Old Naval Observatory/Naval Hospital campus in Foggy Bottom, Washington, DC. For many years, Building One housed the Surgeon General, Deputy Surgeon General, and Chief of Staff offices. Building Two was originally constructed as the Naval Observatory (1844) and later served as the home of the Naval Medical School (1902-1942).

And I said, “Wow, it couldn’t happen to a nicer guy.”

Jim looks at him and smiles and then he laughs and he says, “Well, I got to go.” And he leaves.

Then Don looks at me and says, “Now that you mention it, I want you for my executive officer.”

I said, “Are you kidding me?”

He said, “I know you’ve always said that Bethesda was the one place you don’t want to go. But they need us and I need you and I really want you to come.” Now, I didn’t know it at the time, but the flag board had just met and I had been selected. I was the one selection that year.[61] And he knew it but he couldn’t tell me. So I looked at him and he said to me, “You know, the one thing you need to know is that Bethesda is such a big mess now and there’s such a weight on it that they’re probably going to lose their heart surgery program and it’s going to be a mess and garner a lot of publicity. They may even send some line officers over to be our bosses or even stay around while we’re doing things.”

He said, “I know you’re going to have to talk it over with Leslie, but this is what I want to do.”

I said, “Well, how long do I have?”

And he said, “Tomorrow.”

I went home and I talked to Leslie and we agreed. So I went over to be his XO.[62] I learned a lot from Don. He was an amazing commanding officer during a challenging time. And he needed a psychiatrist. He needed somebody to take the grief. You know, Don’s such a nice guy. He really is tough inside and he really can make the tough decisions. He’s very good with people and he had a lot of practical experience. He’d been a commanding officer before. And I learned a lot and he really let me run the hospital. And true enough, we had Larry Marsh,[63] who was sent over from the sub community, and Robert Natter,[64] who later became a four-star, was sent over. These guys went into the OR with our people; they were there for most of our morning meetings. Lou Edney,[65] who was the Vice Chief, was in our knickers night and day, and everybody at Bethesda was fighting. It was a mess, but it was fun. And there were days when Don and I both thought we were going to get fired. I mean, we bought equipment without money on a promise, “You’re going to get the money.” Our comptrollers were going nuts, but it really worked out great. We really did a good job and I’m proud of that. And being a psychiatrist really helped because we had great department heads there, but they were all

[61] Ridenour was selected for Rear Admiral (lower half) in 1988.

[62] RADM Ridenour served as Deputy Commander, National Naval Medical Center, Bethesda, MD from 1988-1989.

[63] RADM Larry Marsh, USN, submariner who served in the Navy from 1963 to 1998

[64] ADM Robert J. Natter, USN, served in the Navy from 1967 to 2003. His last duty assignment was as Commander, U.S. Atlantic Fleet/Fleet Forces Command (2000-2003).

[65] ADM Leon Edney, USN, Vice Chief of Naval Operations, 1988-1992.

prima donnas, oh my God. The only one that I knew that really wasn't was Dave Thompson,[66] and Dave was head of ENT and he was a fraternity brother of mine from college in Miami. I didn't even know he was in the Navy until I had not met him a few years before at Portsmouth when he drained my infected sinuses!

I was only there as the XO about a year, and in December, just before Christmas of '88, Don calls me into his office and says, "I got a phone call for you. Sit down.

I said, "Who is it?"

He says, "The SG."

I said, "Oh, am I in trouble?"

He says, "I don't think so." So, he hands me the phone and the SG[67] tells me that I've been selected for flag. So, I call Leslie and to make a long story short, I knew I was going to get a flag assignment, and again, it's really weird, but up until this time I had never done any operational tours other than maybe one SPRINT that was fairly local, in Portsmouth.

Everybody was trying to figure out where the various flags were going, and I wanted a hospital. I'll never forget, my dad and mom came to visit for a party in the spring. So we're standing out by the BBQ pit and over comes the SG, Zimble, and he comes over and puts his arm around me and says, "I got your job all ready for you."

And I said, "Where am I going?"

He goes, "You're going to the Marines."

I thought holy shit. I said, "You've got to be crazy." I said, "Those guys are going to take one look at me…"

He said, "Well, you're in shape and that's where you need to go and you need that experience and you'll be great."[68]

Q: I guess in hindsight you should have been flattered because he was a former Medical Officer of the Marine Corps.

A: That's exactly right. And in hindsight, along with Bethesda it would be one of the highlights of my career.

So, I went with the Marines. General Al Gray[69] was the commandant. I served a year and a half with him and a year and a half with Carl Mundy.[70] The difference between the two in personality was like night and day. But my wife and I had a fabulous

[66] CAPT David Herron Thompson, MC, USN, a retired Navy Otolaryngologist

[67] VADM James Zimble, MC, USN, Surgeon General of the Navy, 1987-1991

[68] RADM Ridenour served as the chief medical officer of the Marine Corps (The Medical Officer of the Marine Corps or TMO) from 1989-1992.

[69] GEN Alfred M. Gray, Jr., is retired United States Marine Corps general who served as the 29th Commandant of the Marine Corps from 1987–1991. He retired from the U.S. Marine Corps in 1991 after 41 years of service.

[70] GEN Carl Epting Mundy, Jr. (1935-2014) was the 30th Commandant of the Marine Corps, 1991-1995.

time. To this day, the Marines are the most special people in our lives other than our very special friends from the Navy like Jim and Elsa Sears and the Hagens.

Q: What were your first impressions of the Marine Corps?

A: My first impressions were that they loved their docs; they take care of them; they were proud if you were proud. They didn't care if I didn't know anything about them but wanted to learn. They figured I'd ask if I wanted to know. And I loved that they do things. They want to get things done. I'll give you the best example, a personal example. In those days you had to wait for your number to come up to get frocked. I was over as a selectee and I was just wearing my "bird,"[71] and so one day General Gray says to me, "I thought I was getting an admiral?"

And I said, "I'm a selectee."

He says, "No, I want an admiral."

I said, "Well, you're stuck with me."

And he goes, "Why aren't they frocking you?"

I said, "Sir, it's not up to me. This is the Navy. The SG wants to frock me, but the CNO won't." So, I go into his office and he sits me down and he calls up the chief, the CNO, and he says, "Listen, I got Dick Ridenour over here and you guys forced him on me. He's a goddamn psychiatrist, but this is better than the guy you had before. He was an OB-GYN guy." (That was Zimble.) "What the hell was I going to do with him?" And this is when there were very few women in. So he says, "You got to make this guy an admiral or I'm going to do it myself." And he meant it too. So I hear this pause and this conversation goes on. He lowers his voice and hangs up the phone and he says, "Next Tuesday. We're going to do it right here. I'm going to do it. It's been approved and we're going to frock you. Tell Leslie 10:00, we're going to do it in the little auditorium at the annex."[72] And that's the way they work. That was my experience. It was just wonderful.

I was the Medical Officer of the Marine Corps during the first Gulf War, and a lot of the tough decisions that were made in those days, some rightly and some not, was whether to inoculate the troops against the botulism and Clostridium.[73] All of the service chiefs wanted to do it early. The only one who didn't was Al Gray, and he refused to have his people done until it had to be done. He didn't want it done early because he didn't want it scaring everybody and getting everybody all nervous. Zimble was on one side with the CNO who wanted everybody inoculated then. In those days, the service chiefs would go in with their medical people and they were all three-stars and they'd sit right behind in the tank when there were medical incidents that we discussed, they'd sit right behind the SG, and so I was there as a one-star for the Commandant of the Marine Corps. But some days I would have to go back and work for the SG, and I knew I couldn't burn my bridges. Zimble understood because he had been in my job, but we had

[71] Bird or Full-Bird denotes 0-6 rank (Captain)

[72] Marine Corps Barracks Annex, 7th and K Streets, SE Washington, DC

[73] Clostridium is a genus of Gram-positive bacteria, which includes several significant human pathogens, most notably the causative agent of botulism.

a number of knock down drag out nice fights about that issue, and I supported my boss, the Commandant, because I happened to agree with his position. And that's the way it was.

Q: Did you ever see Zimble throw the rubber chicken?[74]

A: Oh yes. He never threw it at me, but I did see him throw it. Jim was a hell of a good guy and knew what he was doing and he was a wonderful, masterful politician in some very tough times when he was the SG.

Q: You mentioned that Al Gray and Carl Mundy had different personalities. How so?

A: They were night and day. Gray was a grunt. Carl was a "gentleman foot soldier," a real southern gentleman. Al was an "in-your-face" type of guy. I'll give you an example; nothing's better than a story. My office was down the hall from Gray's office, and the great thing is any time I needed anything I would go there and just walk down and I could get in to see the Commandant, and they were just great. Both of these gentlemen were very kind and supportive and their wives and they treated Leslie amazingly.

They had a weekly meeting and the General would come in and he'd sit at the table and all the chief guys would be there and I'd be there. So Gray chewed tobacco and his aide was always walking around with his transparent plastic cup about the size of a tall coffee at Starbucks. It was white plastic, and you could see through it, and he'd spit in the cup. I'm sitting in the first meeting I went to and he'd spit in the cup during the meeting and he'd keep spitting and you could see the level of fluid rising. He kept spitting in it and spitting in it. And just about the time the cup would get to the point where it was ready to overflow, I couldn't focus on anything else because I was sitting on the right side of him, and then just about the time you'd say, if he spits once more it's going to flow over his aide would sweep in, take the cup and put a new one in his hand. It was like I'd seen this so many times it was amazing.

Now, Carl Mundy didn't even smoke, and he barely drank. They were just very different. They were both good politicians. Gray could get money out of Congress anytime he wanted; they just loved him. Even the Congressmen who were not really military people just couldn't say no to him. It was amazing. I was at a number of luncheons with him and we've kept in contact with him over the years. Both men inspired confidence in and were loved by their Marines!

Q: What about some of the mental health issues of the Marine Corps? Were you facing anything back then?

[74] While serving as TMO and later SG, VADM Zimble kept a rubber chicken in his desk drawer. He would take it out and toss it at anyone who came into his office speaking baloney, talking crock, or had their facts wrong etc. When he sat for his official portrait he made sure that this prop made it in.

A: While I was there, there was a spate of suicides like there was a couple years ago. We were all pretty sure based on previous studies that this is happening. At my recommendation, the General commissioned a study going back in statistics and going forward collecting interviews. So I wanted to bring on board somebody to do the study who was very sophisticated, a Navy Reserve psychologist. I chose was Betsy Holmes, John Mateczun's wife.[75] And she did a fabulous study which basically said that the rates aren't any higher in the military except in some times of stress where they go up a bit, but they very closely mirror the civilian rates. She did a very good study and it calmed things down considerably. It really helped her Reserve career and led, ultimately, to her getting a position at Annapolis running the Stockdale Leadership Center.[76]

Anyway, so we had that, and, of course, there was a lot of the post-traumatic stress stuff. The big thing when I was there was getting ready for the Gulf War and that's another story about the way the Marines do things. So I decided I wanted to go over and see the folks. My job was to make sure that the Marines had what they needed medically and to work with the SG. So he and I decided to fly over to Bahrain and visit the folks on the ground and be ready and make sure they were ready. And this was just days before Christmas. And it was right around the time of the *Iwo Jima* boiler explosion[77] and they had all those casualties. It was just at that time. As a matter of fact, I got there about a week after that. So, we get our tickets and it's time to get on the plane. The Marines got me business class seats—this was their idea not mine. So the SG and I go onboard and I'm sitting there and the SG and his aide walk by, and they're going back and back, and he's going back into the coach class. So, I know what's going to happen, the aide comes up and says, "Hey, nice seat you got up here. I think you should give up your seat to the surgeon general."

And I said, "Normally I'd probably be willing to do that but who bought his seats?"

"The Navy bought his seat."

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[75] CAPT Elizabeth K. Holmes, MSC, USN, a retired Navy Reserve psychologist and wife of psychiatrist and former Commander of the National Capital Region (JTF-CAPMED) VADM John Mateczun, MC, USN.

[76] Authorized by the Secretary of the Navy in 1998, the Center for the Study of Professional Military Ethics (CSPME) undertook an ambitious mission – to promote and enhance the ethical development of current and future military leaders. In February 2006, the Superintendent of the Naval Academy directed the expansion of the Center, and the Center was renamed the Vice Admiral James B. Stockdale Center for Ethical Leadership. (Source: https://www.usna.edu/Ethics/).

[77] In October 1990, USS *Iwo Jima* (LPH-2) was in the Persian Gulf, as part of the buildup for Operation Desert Shield. Having been in operation there for two months, she had developed a leak in a steam valve which supplied steam to a stand-by electrical generator. She docked in Manama, Bahrain, where the valve was repaired by a local contractor under U.S. government inspection. On 30 October, as she raised steam to get underway and rejoin the fleet, the valve began to leak once more. The bonnet blew off the valve, flooding the boiler room with steam from two boilers. Ten of the eleven crewmen in the room were killed, with the last surviving until 2330 that evening. The cause of the accident was determined to be the use of fasteners of the wrong material (namely black oxide coated brass) on the valve, combined with a lack of proper inspection (source: https://en.wikipedia.org/wiki/USS_Iwo_Jima_(LPH-2))

I said, "You know who bought my seat? The Marine Corps bought my seat. I don't think they'd be very happy if I gave it up so I think I'm going to stay here and he's going to stay back there." But he got me back. So we fly over and go aboard the *Blue Ridge,*[78] and I forget who was the head of the Navy Forces over there, really nice guy. But anyway, we're on the *Blue Ridge*, a big damn ship. I got permission from the Commandant to wear my Marine Corps uniform, not dress uniforms, but the regular uniform. So, I'm dressed in my tans, khakis, and I said, "I'm going to take a stroll around the ship before dinner." I'm going around and having fun talking to the guys and gals and I looked at my watch and I see it's time to get back for dinner. I try to get to the Admiral's Mess, but I am lost and have no idea of where I am going. The most I ever spent on any one ship throughout my career was overnight, maybe two nights. I've been on hundreds of them. I'd been in every kind of aircraft; I've landed on carriers, hospital ships, everything. As I'm trying to find my way back I see that I'm a half an hour late for dinner because I'm too embarrassed to ask somebody. So over the loud speaker comes, "Attention in the ship. We want to report a lost sailor masquerading as a Marine. If you see a Navy admiral walking around in a Marine uniform, could you please give him directions to the Admiral's mess?"

Just then a young sailor goes by me and looks at me and I went, "Yeah, that's me." So she takes me to the CO's stateroom. When I went into that room people were laughing and hooting and hollering. All my credibility was shot to hell. And fortunately, there were no Marines in the room, so they said, "No, we won't mention it." Which was a lie.

I'll tell you another story, when I was over there the Marines gave me a Jeep and I was going around and I went to visit General Mike Myatt.[79] All those guys were dear friends of mine. They are just wonderful people. And so they gave me a Jeep and a driver and a guy with a gun in the back seat and we're going around over the sand dunes in the middle of nowhere. I didn't know it but you couldn't tell it but the whole First Marine Division Tank Corps was buried down in this plateau behind these dunes. There's this one guy sitting on an iron chair with a radio and a gun and a little Santa hanging from his radio antenna. I'm thinking to myself, this is really bizarre. This guy is in the middle of nowhere. So we stop and we're talking and joking around, and I said, "Are we heading in the right direction?"

He said, "Oh yeah, just keep going. You'll find everybody." So, we go over this dune and there were several hundred—or seemed like several hundred—tanks just sitting there. Then you would go to the medical guys and you get the feeling of what was going on. Of course, that was in the days when we thought it was going to be a blood bath. We were prepared for so many casualties and you can understand why because these guys are out in the middle of nowhere. There was nowhere to hide. And we were worried about

[78] USS *Blue Ridge* (LCC-19) is the lead ship of the two *Blue Ridge*–class command ships of the United States Navy, and is the command ship of the United States Seventh Fleet. In the Gulf War, the *Blue Ridge* went on a 9-month deployment (August 1990-April 1991), receiving a unit commendation.

[79] Maj Gen. (ret.) James "Mike" Myatt, USMC commanded the 1st Marine Division during Operation Desert Storm in 1991. His Division defeated seven Iraqi Army divisions in zone, seized Kuwait International Airport, and liberated Kuwait City.

gas and biological weapons, and nobody knew but we were preparing for big casualties. So that was my Marine Corps experience in the desert.

I just loved the Marines and I got so many stories I could tell you, most of them on myself. But my last story had to do with Jim and Elsa. I went out to San Diego while I was the Medical Officer of the Marine Corps. I was at (Camp) Pendleton and I visited everywhere there was a Marine. I did a lot of work with the Marine Security Guard Detachment, and Leslie and I actually went to visit a number of places to see what they needed because the State Department was giving so much grief. They were responsible for the medical care for the Marines in the embassies, but they got second class care and half the time they didn't want to pay for it, and it was really a hassle. So, I got involved and as a result, they said, "Where do you want to go visit?"

I said, "Well, I want to go to where you need me."

And he said, "Don't you want to go to Rome, Paris?"

I said, "No. Is that where you're having problems?"

"No, we're having problems in Mogadishu and Kenya." So anyway, I went to Camp Pendleton and I looked great in my Marine Corps uniform. I was 6'2" in those days; I've shrunk about four inches because of the bone marrow cancer and I'm 5'10." But otherwise, weight and everything I'm pretty much the same. I was always, not slovenly, but I was not the epitome of military appearance growing up in the Navy. I stretched the limits with the belly. And so I knocked on Jim and Elsa's door in Bethesda because he was living there as Commander of MEDCOM and his wife, Elsa, comes to the door and she sees me standing there in my Marine Corps uniform and goes, "Jim, you got to see this. There's a Marine at our front door." He comes to the front door and looks at me and he almost fainted. He tells the story better than I do, but he said, "I looked at you and I knew it was you but you were standing there and there was almost a halo around your head."

So I said, "You know, if Elsa thinks I look good I must have really done something right," and I knew I had arrived. After the Marines I went to my next assignment, finally I got a hospital and I got to San Diego.[80] Don finally agreed to let me go to San Diego, but he said, "I'm going to send you out there, but if I need you I'm going to call you and you're going to have to come back."

I said, "Oh sure, sir." But I didn't really believe that. I was out there a year and he called me—again, I'd gotten my second star—he knew it, I didn't know it-and so he said, "I'm bringing you back to be the deputy SG and I know you don't want to come back but I need you."

And I said to him, "Don, I'll do anything for you, you know it but I want a hospital when I'm done and I don't want to be there more than a year." He was only going to be there a year, little over a year.

[80] ADM Ridenour served as the Commander, NMC San Diego, CA, 1992-1993.

He said, "Fine. If I can, I will." So, I went back and I did a year.[81] Don and I were a great team. I did a lot of jobs reporting and sort of the grinding stuff there. And I wouldn't say I hated the deputy job, it's just the reason I didn't want to be the SG.

Q: Is it the politics of it?

A: No, it's just you're not in charge. You're the big guy and yes you got the third star and you do a lot of traveling. But the command isn't the power, it's the people, it's the fact that you can, at night when you're depressed you can walk around and talk to your people and you really can see the fruits of your labor. Your job is to support everybody else. And that saying is true for the SG's job, but it's so hard to get gratification in those jobs because it takes so long to see things you want happen and set things in motion. I'm just a people person and I wanted to command. And when I was depressed I could just walk the wards and talk to the people. And at BUMED it clears out. You can't get up at midnight and walk the halls of your command and know if the cleaning crew and the guys that were doing the laundry were happy.

Q: It's just you and the quarterdeck, really, at night.

A: That's it. And it just wasn't for me. I did it and it was okay. But of all the jobs I had as a flag officer it was the one I didn't like; although, I don't feel bad, I just wasn't happy. So anyway, after that, he gave me Bethesda.[82]

Q: Let's talk about that tour. First off, how would you describe your leadership style?

A: I would describe my leadership style by taking the position, but not myself, seriously. My job is to set the tone and the expectations and to get, as much as I can, what everybody else needs for them to do their jobs and to hold them accountable and to hold myself accountable. I guess that about sums it up. Also, to take the stress off them and on me and establish and underline our sense of mission together.

It was a challenge to be at Bethesda after the Billig era. The morale was terrible and there was very precious little around that hospital—other than the uniforms—that made you know it was a military hospital. There was no flag pole out front of the main hospital building. There was no National Naval Medical Center sign on that building. The pictures around most of the hospital were civilian type-images of flowers and gardens and pictures of California and the White House. There was nothing Navy-related. I remember the day when I opened the safe in my office in the Tower; the only thing in there was Forrestal's medical file with William Menninger's original notes on them.[83] It was incredible. Nobody knew what to do with it but it was the only thing in there.

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[81] RADM Ridenour served as the Deputy Surgeon General, 1993 to 1994.

[82] RADM Ridenour served as the Commander, National Naval Medical Center, Bethesda, MD, 1994-1997.

[83] Secretary James Forrestal (1892-1949), first Secretary of Defense (1947-1949). Forrestal was treated at the National Naval Medical Center after a nervous breakdown ("nervous and physical exhaustion.") He was analyzed

Q: What happened to that file?

A: Ask Jan[84] because I'm pretty sure I gave it to him or, I might have given it to the inspector general. I don't remember, but it was actually a series of files with all the original pictures taken of him when he hit the ground and the autopsy results. For all I know, it can still be there.

Q: With regard to these morale issues at Bethesda, can you talk a little about what you faced and how you were able to address these issues?

A: The morale was terrible, but this was also the early days of TRICARE too, so there were problems getting people in and the VIP thing had fallen on hard times. So, we created the customer service area. And then one day I found the envelope containing FDR's original drawings of Bethesda; I believe the librarian had it in a drawer. FDR wanted Bethesda to look like the legislature building in Nebraska. After talking to people about this we came up with the "Pride of Place" Committee[85] which Jan was very interested in. That led to all of this Navy art collection that went up, creating an FDR museum, and commissioning of the "Unspoken Bond" statue.[86] I'm sure Jan has told you the story. Nobody knows the real story of the guy who paid for it.

Q: William Laing.

A: Yes. We went to see it and it was a fun time. It was great to see the pride that that it instilled in everybody. It all goes together, whether it's the CO and XO out picking up trash on the weekends on the lawn and people seeing them do it. It was so much fun in spite of all the headaches and the craziness of based on where you are and how important everybody thinks they are.

Q: I know Jan wanted me to ask you about the issues with the move from the tower.[87]

A: The issues with the move from the tower are very simple. Congressman Young,[88] whose wife Beverly, in my opinion, was a borderline personality at best, and was a pain in the ass. For a variety of reasons, she wasn't happy. I don't think anything could have made her happy. While I was there, he didn't have any un-toured events. I mean, I think he had

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by COL William Menninger, MC, USA and CAPT George Raines, MC, USN and diagnosed with a severe-type of depression or "reactive depression." On 22 May 1949, Forrestal broke through the kitchen window of the 16th Floor VIP suite and jumped or fell to his death landing on top of third floor roof.

[84] Jan K. Herman, BUMED Historian, 1979-2012.

[85] Started by RADM Ridenour, the NNMC Pride of Place Committee consisted of Capt. Joan Huber, NC, USN, Muriel "Mike" Jones and Jerry Meyer, NNMC's librarian and Jan Herman, Navy Medicine's Historian.

[86] Unspoken Bond is a sculpture at NNMC depicting a Navy corpsman dragging a World War II Marine to safety. The piece was the result of a unique collaboration between Canadian sculptor Peter Wilde and Mr. William H. Laing. Laing, an American-born Canadian, has claimed to have been a Hospital Corpsman in World War II, but his stories proved to be false.

[87] Move from the Tower

[88] Representative Bill Young (1930-2013) was a Republican politician who represented Florida in the House of Representatives form 1970 until his death in 2013. Young served on the Appropriations Committee where he served as the Chairman of the Subcommittee on Defense. During his time in Congress, Young and his wife Beverly took a special interest in the affairs of the National Naval Medical Center.

an inspection or something. But for some reason, they had it in for us, and we were walking around one day and he was asking me what I was going to do after I left the Navy, because by that time, we all knew I was retiring. I said, "Well, I'm going to look for a college or a university, I want to be a president." And I half-jokingly said, "Maybe I'll find one in Florida." Later on they accused me of trying to buttonhole him to get a job. That was just part of it.

They became unhappy with Bethesda for the care that he had so they started complaining to the SG,[89] and Harold was under a lot of pressure and so he had to do something. He had Fred Sanford do an IG inspection to see if there indeed was anything wrong. And the only thing that they came up with was that the CO was too far removed, physically—not mentally or emotionally—from the hospital. This was crazy because I was in the hospital all the time. It was a pain in the ass. I mean, Harold would drive through the compound at night and drive through the garages, and if he found any trash there, I would get a call at midnight or early the next morning about how the campus was a mess and we needed to be cleaner, and where we should locate the ancillary pharmacy and it should be located right in that one spot. It was a lot of micromanagement, which is, unfortunately, Harold's style. And we were very good friends, and I think we're still good friends, but that was a tough time for us both and he was under much pressure.

So, I moved. I wasn't mad about it, but it just made no sense to me. It was a lot of worthless energy. The IG inspection found no real fault with me. I wasn't given a letter of reprimand. It was like they had to do something so the thing that came out of it was they moved me physically into the main hospital building. That's all there is to it as far as I can tell. If there's anything else I don't know about it. I kept a copy all these years of the IG findings because I never trusted the system. And plus, I like reading it every once in awhile because it's a fairly thick document with basically no conclusions. And I talked to Fred about it, and we were friends, but he did a very thorough investigation and he had lots of people involved; they interviewed all kinds of people and that's the way it was.

Q: It sounds like you were ready to retire in '97?

A: I was. I could have stayed five more years. The only job I basically hadn't had would have been either Portsmouth or it would have been the Pentagon job and I didn't want to serve in the Pentagon. It's just not my kind of job; it's not a people job-it's a plans and policy job. And I would have had to have left after five years anyway. Then I would have been older and what I really wanted to be was a college or university president.

Q: Where did that desire come from?

A: I'd been in teaching and education. If you think about it, the Bethesda budget is about a billion dollars if you count up all the salaries now. If you count everything up it's three quarters of a billion to a billion dollars, and it's in a huge educational institution. In those days we had all the corpsman training, the nursing training, all the residencies,

[89] VADM Harold Koenig, MC, USN

internships, fellowships. I signed as many diplomas there as I did at Marian.[90] It was a very big training institution. I'd been residency training director, I'd run residencies, I'd started them. I've run a big teaching institution. I love students and I wanted to go someplace where I could make a difference, and where Leslie and I could make a difference for somebody that needed us, didn't have to be a big name place. It would have been nice if they had a football team. Besides leadership is leadership!

One other thing that I will help explain a little bit more of why I was this way, and this is a story that not many people know, but it's a true story and it involves someone who is very near and dear to me, and the Navy, and yet whose death rocked the Navy, and that was Admiral Boorda.[91] Boorda and Zimble were very good friends because they'd both come from families with an alcoholic parent and they were similar in nature. Admiral Boorda was the CNO when the hospital that served the UN forces in Croatia was established.[92] Admiral Boorda was going over to be the celebrant of the changeover, and as the deputy SG, I went with him. He flew me over on his plane and then I met Leslie in London and we did some things. This was during the period of time when the selection process for the new SG was going on. Harold wanted it very badly, and I always thought it was the best choice. Bill McDaniel[93] was the other choice. But I always thought Harold was the perfect choice. I still think in spite of our differences from time to time he was the right guy.

But Boorda and I got along great from his days when he was the Chief of Naval Personnel and I was with the Marines. And I think the fact that I saw him in Naples one time and he had a special needs son and I was a family therapist and I think I understood him as a psychiatrist. I always knew he was a troubled guy, but I really liked him and I really honored the fact that he came from the lowest ranks—the only one ever to do that—just an amazing guy. Anyway, on the plane he asked me, point blank, "Okay, Dick, you know I got to make this selection. You know who's in consideration. Now, I want to ask you point blank, do you want the job?"

And I said, "No, sir. I don't want the job. I want to be commanding officer at Bethesda and that's where I want to go out of the Navy." He asked me why and I explained it to him.

He listened and then he said to me, "Okay, I'm going to ask you one more time, but I'm going to tell you something first. When I was interviewed for the CNO job, the Secretary of the Navy asked me, 'Do you want the job?' and I said, 'No, not really. I mean, I'd take it, but I'm happy where I am.' And then the Secretary said, 'Okay, now, I hear what you're saying and I'm going to ask you again, but I want you to tell me how

[90] RADM Ridenour served as the President of Marian University from 1997 to 2007.

[91] ADM Jeremy Boorda, USN (1939-1996), USN, Chief of Naval Operations, 1994-1996. Boorda was the only enlisted sailor to advance through the ranks to CNO. He committed suicide on 16 May 1996.

[92] The UN Hospital in Zagreb, Croatia was taken over by the U.S. Navy and renamed Fleet Hospital 6 on 17 March 1994. The Navy Hospital was in operations through August 1994.

[93] RADM William McDaniel, MC, USN, orthopedic surgeon and flight surgeon; assignments included Surgeon, PACOM and at the time of his retirement in 1995, Commander of the Naval Medical Center, Portsmouth, VA. An athlete, he was the Navy wrestling champion 1973-1977, Silver Medalist in the 1974 CISM games, and a U.S. Olympic Team physician in 1984.

you really feel because I think you're just saying what you think you should be saying, so I'm going to ask you again.'" And so he said, "The second time I told him, 'Well, as a matter of fact, I think I can do this job, I really want it,' and he said, 'Fine. That's what I thought. I needed to know that.'" So then Admiral Boorda said to me, "Okay, now, Dick, I'm going to ask you again, and I want the truth." And I told him the truth, again. He said, "Thanks, that's great." I tell you this story because—and I'm not saying that's why I didn't get the job—I think Harold was the qualified person and he really wanted the job. I think he did better than I would have done in the job and I think I got exactly what I wanted and it was perfect for me. But, I tell you this story because it helps illustrate the next little vignette, which is when Boorda shot himself.

I was in the Pentagon reporting out from the Captain's Selection Board, and we were meeting with the vice-chief in his office and he got a phone call, and he turned and came back in the room white as a sheet and said, "We have to cancel this session. I'll call you back and we'll have the report out another time, and I got to go and I can't talk about it."

So, he goes back into his office and he goes off after that. And the door's open so I go in and I say to his aide, "Listen, if there's something really wrong, I am a psychiatrist."

And he said, "What do you mean?"

I said, "I saw his face and somebody's in trouble big time and it looks serious."

He said, "You're the CO at Bethesda, right?"

I said, "Yes."

He says, "Well, you need to know this because your people are involved." And I thought, oh shit, what is it? He told me, "Boorda's been shot." Nobody knew it was a suicide at that time, but, "He's been shot and he's on his way to Washington General and it happened at the Navy Yard and your people have been involved and they're going with him." So, I got in my car and I went to the clinic over on the Navy Yard and I talked to a bunch of people that had been involved, but not the ones who actually went with him in the ambulance. I later talked to them, had sessions with them because it was a really tough thing. Then I spent the rest of that night roaming the halls of the Pentagon talking to all the admirals that I could find and their aides, going in and out of offices just taking their pulse and seeing how they were.

Out of that came my having a session at Bethesda with some of the wives of the admirals who were willing to come in at the Pentagon and to take their pulse because I knew they would tell me how their husbands were doing. And out of that came setting up Mike Dineen to have some sessions with any of the guys who were willing to come talk, and he did have some groups with several of the admirals who were over there-not mentioning any names, and they found it very helpful because that place was devastated. And that's a story that not many people know about.

Q: That's interesting. He was a well loved figure.

A: Very much. There were some people who were jealous of him, and he was a very demanding guy, but the sailors loved him; the people who knew him really loved him. I was, and am still, mad at him because it just was such a waste. I mean, I know he was depressed for some time. I knew that he sort of lived with it.

Q: Would you say that he suffered a perfect storm of risk factors for suicide?

A: Yes but you remember the medal stuff? He was accused of wearing a medal when he didn't earn and this was a time when the military was under fire for a number of things, and he took his mission and where he came from very seriously. There were some family issues-his son's condition weighed heavily on him. He had to been in depression that he lived with because of his upbringing and probably had some depressive genes. I think his father, who was an alcoholic, and had some depression along with it. But yes, it was the perfect storm that built up. As far as I know, to this day nobody really knows what all the issues were that brought it about. But it really sunk Jim Zimble. I was not his buddy or anything, but I obviously had some very intimate conversations with him and we spent a lot of time talking when I was the Medical Officer of the Marine Corps about personnel issues, about docs and moving them around and supporting the Marines. He thought very highly of the Marines, and even though he didn't have anything to do with their deployment, he certainly had to do with a lot of the admirals and captains who did things to help them out.

Anyway, after that I retired from the Navy and I went on to Marian.

I had people telling me, "You're a doctor, stay in medicine," and all that sort of stuff, and then there were a bunch of guys who wanted to be college presidents or university presidents and only two of us made it. To make a long story short, academia is very suspicious of military types, even medical types. Call it a liberal bias. I didn't want to be in medical education because I'd been through all that. I wanted to do something different. I wanted to be the leader of a teaching institution in one that needed me.

I finally found a head-hunter group in Washington that would give me an interview, and they said, "Well, we'll give you 15 minutes." I'll never forget it because Ted Kennedy was moving into his new house with his new wife across the street. So, I went in and two hours later they were finished with me. They said they were only going to give me 15 minutes and they gave me like two hours and they said, "We have the perfect place for you."

I said, "Where is it?"

And they said, "It's in Wisconsin."

I said, "It's too cold."

They said, "No, it will be a good experience."

I said, "Well, what if I put my name in and I'm not Catholic and it's a Catholic college."

"Well, they need you or someone like you, but they don't know it yet, so we promise that we'll get you into the final group and then you're on your own from there with the interview."

So I said, "That's fine. It will be fun." So, to make a long story short, Leslie and I got interviewed. We went there and I was selected. But even after they offered me the job they were nervous, and they said, "We heard all these good things you say about Bethesda and the people there, but we want to visit and want to see if things are as good as you say they are." So they came and they spent a whole day. They brought seven board members with them—students, teachers, sisters. I had the priest at NNMC, Father McNew; I had chiefs; I had the local community. I think Jan was there too. We had a luncheon and then I let them go throughout the command, talk to anybody they wanted to, and then they still offered me the job; they were very impressed. And we went there and it was the hardest I've ever worked in my life. Raising money is very hard; we ended up raising more money than they had raised in the entire history of the school before I was there. We built the first new building in 20 years; we doubled the size of the school. I brought some of the military people. Connie Mariano,[94] who was President Clinton's doctor, was my inauguration speaker.

The first thing I put up on campus was a giant American flag, a state flag, and an empty flag pole next to it. And they said, "What's going to go on the empty flag pole?"

And I said, "It's going to be a spirit flag."

"We don't have one."

"Well, we're going to get one." So, we designed one and to make a long story short, I don't mind bragging a little bit about myself once in awhile, and I will tell you that people still tell me I'm the best president that they've ever had and there about to name a building after us.

Q: Well, congratulations. That's quite a feat.

A: Maybe not quite there with the nun who founded the school, but near her.[95]

Q: Do you think it helped that you had this different background?

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[94] RADM Eleanor "Connie" Mariano, MC, USN. In June 1992, Mariano joined the White House Medical Unit. From 1993 to 2000, Mariano served as the primary physician to the Clintons. In 2000, Mariano was promoted to Rear Admiral (lower half) earning the distinction as the first Filipino-American to reach flag rank.

[95] While President, Dr. Ridenour brought a renewed pride in the tradition and spirit of Marian College and set a new footprint for the future. The College added a new Alumni Center and the Stayer Center for Technology & Executive Learning. Academic offerings were expanded and include an innovative Information Technology program and an Honors Program. The College experienced the largest incoming freshman class and largest traditional undergraduate enrollment in its history during this period of time and fundraising at Marian reached an all-time high. (Source: www.marianuniversity.edu)

A: Absolutely. Leadership is leadership. And I don't mean to get political on you, but the one thing we don't have in this country is leadership, whether it's from the White House- and in either party. Our leaders do not hold themselves accountable. They don't hold others accountable whether it's local or federal government. Leadership is about accountability, humility, and remembering that you're working for other people and that you are responsible for helping to make their lives better. Not just giving them stuff. One of the problems with higher education is as long as the government's paying for a lot of it and subsidizing it, there is no reason to cut costs. I can tell you, even at my little school, one of the things I did was we cut costs, we held salaries; the faculty was very upset for awhile, but we added a lot of programs. But the waste of fleets of cars and automobiles that big major universities have and pay for, all the benefits and salaries of some of their executives, it's just ridiculous.

Even though I could have charged my personal expenses to the school, Leslie and I never charged anything to the school other than some plane tickets where we were sent to conferences specifically by the Catholic Association of Colleges where I didn't really have a choice and I had to go. And if there was a vacation stuck in with it then we dedicated a certain amount. We've always been very cautious about that. I don't want to get too much into it.

Q: Well, going back to his concept of leadership, do you think good leadership is a skill that can be learned or is it something largely innate?

A: I have something for you to look up. A good friend of mine, Jim Fisher,[96] who is the Dean of American Colleges and Universities, is the guru of college leadership. Two books that you must read by him are *Presidential Leadership* and *Entrepreneurial College President*. I'm a chapter in that last book. If you look it up online just read the section about me. It's two pages, maybe three, but it sums up my style.

His latest book is *Born, Not Made: The Entrepreneurial Personality*, which is about not just entrepreneurialism, but leadership. You can teach the fundamentals of leadership. You can say to somebody, "Listen, it's like being saluted." Do you remember "Band of Brothers?"[97]

Q: Of course.

A: Do you remember where the guy who was the original leader of that battalion who gets canned just before they go into combat? Major Winters sees him later on and he outranks him now because the guy's still a captain, and he fails to salute him, and he says to him,

[96] James L. Fisher is considered the most published writer on leadership and organization in higher education today. Fisher contends that the main characteristics of effective leadership are intelligence, integrity or loyalty, mystique, humor, discipline, courage, self-sufficiency and confidence. Among his notable books on the subject are *Presidential Leadership: Making a Difference* (1996, co-authored with James Koch) and *The Power of The Presidency* (1984). His book *Entrepreneurial College President* was published in 2004.

[97] "Band of Brothers" an HBO 10-part mini-series based on the Stephen Ambrose book of the same name. Series/book tells the story of Easy Company, 506th Regiment of the 101st Airborne Division, U.S. Army through interviews with survivors of Easy Company, as well as soldiers' journals and letters, and chronicles the experiences of these young men who knew extraordinary bravery and extraordinary fear.

"It's the uniform, not the person." He stops the captain and he says, "You didn't salute, remember." Meaning, you don't like me, but you have to salute. You're saluting the uniform and the rank, not the person. And that's kind of the way it is. I think if our leaders would take their jobs and not themselves so seriously. I used to tell Leslie that any one day I can be gone and court-martialed and lose everything if somebody screws up badly, or if I make a mistake, that's bad enough. If I did what the president did when I was there with the interns, or if I did what Hillary's done. But, if the people who are leaders do not hold themselves accountable, then people below them are not going to feel like they should be accountable. Nobody's accountable for anything anymore, or responsible. A lot of politicians here are on the take money. This one guy has just been exposed in the paper for all these free trips; he's gone at the people's expense, and now he's refunding money because he got caught, but is he going to get prosecuted? No, he'll escape.

You can teach the principles of leadership; you can teach people to be sensitive. I think a lot of that is introspection. One thing I always did with everybody on campus and my leadership theme, but all the professors and everything-I had everyone take the Myers-Briggs. I had Otto Kruger come up and I did that at both commands, and it was just so good because it's not about good and bad, it's about preferences versus non-preferences, and understanding what some people would say are weaknesses. You don't like to do, prefer not to do, versus the things that you do well or prefer to do.

Q: As you look back today is there anything you would want to change about your career?

A: We often talk about having an overseas assignment, but there's nothing that I would have wanted to give up other then maybe the year at BUMED. But looking back, I learned a lot. So no, I would not change anything major.

Q: So, what legacies are you most proud of?

A: The residency program. I'm most proud of the people who, I think, we helped change their life, the residents and interns, and the changes that we made at Bethesda to make it a real military hospital. It still grates to call it Walter Reed,[98] but I understand that things change and move on. But I'm most proud of the people's lives that we intersected with and may have done some small feats to help because that's the thing I remember the most is the people that intersected in our lives.

Q: During your time in the Navy what do you think are some of the most important mental health innovations or hallmarks?

A: The increased acceptance of mental health services by the line military; the emergence of family and group therapy to play a larger role in mental health and in society in general. The SPRINT concept and the organizational concept and appreciation of interdiction of

[98] In a major change, the Base Realignment and Closure (BRAC) Act of 2005 directed that WRAMC be closed and consolidated with NNMC to become the Walter Reed National Military Medical Center (WRNMMC) in 2011.

intervention, and that leads right into the open honesty and improvement and a close recognition of post-traumatic stress disorder, both in the military and in society as a whole.

Q: Well, finally, if retired Rear Admiral Ridenour could go back and meet a young Ensign Ridenour back in 1972, what advice would you give yourself?

A: I don't think I'd change anything, and I don't know if this answers your question-I don't know if I'd give advice to myself, but I would quote Betty Davis and say, "Fasten your seatbelts. It's going to be a bumpy [but fun] ride."[99] And just when you expect things to go one way, go with the flow and explore new horizons.

I still do a lot of military evaluations for scholarship positions, and one thing I tell people is that the possibilities of a career in the military medical arena are huge, widespread, and great. There are so many different avenues you can go into. If you want to stay a clinician all your life, that's fine, and you can do it. But if you want to move into other areas that you've never even dreamed of in military medicine, that's what makes it so special. There are not enough people. Most of the people are really good, great, and there's not enough, so if you're good you get pushed, mostly before you feel you're ready, but if somebody else thinks you're ready, you're probably ready.

Q: Well, Admiral, we really appreciate your time today. This has been a lot of fun. I think you've covered a lot of ground here.

A: Thank you for giving me an opportunity to go down Memory Lane. You're doing a terrific job and that position is very important. Our country has so much of its appreciation for its past.

Q: I really appreciate that, sir. Thank you again.

A: My pleasure.

[99] Line from 1950 movie, *All About Eve*.